

TRANSMITTAL SLIP		DATE 11 MAR 1959
TO: S/TD <i>[Signature]</i>		
ROOM NO.	BUILDING <i>[Signature]</i>	
REMARKS: <i>Dep. Ch, S/TD</i> <i>Ch, S/TD/T</i> <i>Pls take appropriate action on attached requirements requests.</i> <i>Ch, S/TD</i> <i>P.S. If S/TD/C should contribute, pls inform V.G. of expected participation.</i>		
FROM: St/I/R		
ROOM NO. 1142	BUILDING Q	EXTENSION 4523

FORM NO. 241
1 FEB 53REPLACES FORM 36-B
WHICH MAY BE USED.

(47)